

**System Responses to Substance Abuse Treatment
Needs among Offenders in Wayne County,
Michigan**

*Michigan Department
of Community Health*



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Table of Contents

TABLE OF CONTENTS.....	3
EXECUTIVE SUMMARY	5
INTRODUCTION	7
REVIEW OF THE LITERATURE	8
METHODS AND PROCEDURES	11
STUDY DESIGN	11
SAMPLING FRAME.....	11
DATA COLLECTION PROTOCOL	12
Drug Use Survey.....	12
Substance Abuse Treatment Addendum.....	13
Urinalysis	14
Court Data.....	15
Offender Management Network Information	15
Verified Substance Abuse and Community Mental Health Treatment	16
DEFINITION OF MEASURES.....	16
Substance Abuse and Dependency	16
FINDINGS.....	19
DRUG USE SURVEY.....	19
General Respondent Demographic Information	19
Employment and Health Insurance.....	21
Criminal History	23
Drug Use	24
Participation in Substance Abuse or Mental Health Treatment.....	26
Substance Abuse and Global Diagnostic Impressions.....	27
Criminal History	30
Current Offense.....	31
Substance Abuse and Mental Health Treatment.....	33
Self-help Group Participation	37

SUBSTANCE ABUSE TREATMENT ADDENDUM	38
URINALYSES RESULTS	41
TREATMENT FOLLOWING THE CURRENT ARREST	46
Publicly-funded Substance Abuse Treatment.....	46
TREATMENT MANDATED BY THE CRIMINAL JUSTICE SYSTEM.....	48
RECIDIVISM	53
SUMMARY	56
APPENDIX A. 2000 CENSUS DATA - CITY OF DETROIT, BY PRECINCT.....	61
REFERENCES	62

Executive Summary

Much of previous research has demonstrated the fact that there is considerable drug use among criminal offenders. This project was conducted to assess the degree of drug use and dependency among a sample of individuals arrested and booked in Detroit, Michigan. The goal of the project was to determine the needs for substance abuse treatment among this group of offenders and to assess the degree to which these needs for treatment are currently being addressed. This research project was developed through a partnership with the Office of Drug Control Policy within the Michigan Department of Community Health (MDCH) and the School of Criminal Justice at Michigan State University, under funding from the Center of Substance Abuse Treatment.

Data for the current study were obtained from four primary sources including arrestee interviews, substance abuse treatment records, community mental health services records, and official criminal records. Respondents, while in the local police lockup, were asked to respond to a drug use survey and drug treatment addendum detailing their previous drug use and substance abuse histories. Arrestees were also asked to provide a urine sample for drug testing at the time of interview. Data on participation in publicly funded substance abuse treatment programs and community mental health services were then obtained from Michigan Department of Community Health treatment databases. Finally, the criminal justice case processing outcomes for each respondent were detailed using data from official criminal records.

To a large degree, the results from the current project mirror that of previous research. A majority of offenders indicated substantial substance use, but few respondents received treatment as a result of this need. Summaries of the project results are presented below.

- Substance use was quite prevalent among the arrestee sample. Three quarters of respondents reported using drugs at some point in their lifetime. Sixty percent of respondents reported using drugs during the last 12 months, and seventy percent of the total sample tested positive for at least one drug at the time of their arrest. The majority (57 percent) of offenders tested positive for marijuana at the time of their arrest. An additional quarter (23 percent) of the sample tested positive for cocaine.

- Two thirds (66 percent) of the sample reported drug use behaviors consistent with a probable diagnosis of drug dependency. This group was much more likely to have reported previous involvement in the criminal justice system and was also more likely to be arrested subsequent to their current arrest. In total, 90 percent of individuals with a probable diagnosis of dependence had been arrested prior to the current arrest, and one quarter of this group had an arrest subsequent to the current arrest.
- Very few respondents reported participation in substance abuse treatment prior to their current arrest. Less than one fifth (18 percent) of all respondents report ever participating in substance abuse treatment and seven percent indicated that they attended treatment during the past year. Of respondents with a probable dependence diagnosis, one quarter had ever participated in treatment and seven percent did so within the past 12 months.
- Among those who completed the substance abuse treatment addendum, only 22 respondents were found in a search of the MDCH substance abuse treatment database to have been admitted to treatment after their current arrest. There were 31 respondents found in a search of MDCH community mental health services recipients database.
- Individuals who were placed on probation as a result of the current arrest, were the most likely to obtain treatment. In total, 38 percent of the 138 individuals placed on probation as a result of their current arrest were given probation orders that included participation in substance abuse treatment. In addition, 25 percent of the probationer group was required to undergo routine drug testing as a condition of probation, and an additional five percent of probationers were ordered to undergo regular drug testing. One sixth of those respondents who completed the substance abuse treatment addendum were found to have been rearrested after their current arrest, and 60 percent of this group was rearrested more than once in Wayne County. Those rearrested were more likely to have probable diagnoses of substance dependence. The vast majority (85 percent) of those rearrested were likely to have probable diagnoses of substance abuse or dependence.

Introduction

On September 29, 1999, the Michigan Department of Community Health, Mental Health and Substance Abuse Services (MDCH, MHSAS), was awarded a three-year grant by the Center for Substance Abuse Treatment (CSAT) of the Substance Abuse and Mental Health Services Administration (SAMHSA) to conduct a series of substance abuse treatment needs assessment studies. This grant was the third award received by MDCH from CSAT since 1992, to design and implement needs assessment research studies with the state that could inform and guide the substance abuse treatment system¹. An extension was approved by SAMHSA in the summer of 2002 to enable completion of the studies during a fourth year with no increase in funding.

The studies varied in methodology and targeted population with objectives specific to each of the studies; however, all of the studies had the same overall goal, namely, to estimate the prevalence of alcohol and illicit drug use, abuse, dependency, need and demand for substance abuse treatment services in the Michigan population. This information is helpful for determining possible gaps in treatment services, for resource allocation, and for services planning purposes.

This report presents findings from a study of an important and significant criminal justice system population, and it is the second such study carried out within the family of needs assessment research studies by MDCH. The prior study was also carried out in a joint effort with Michigan State University's School of Criminal Justice, and the report of findings from that effort were reported in a document entitled *Substance Abuse and Need for Treatment among Arrestees in Michigan* (Bynum, Bumphus & O'Connell, 1996).

The goals of the current study were threefold. The first goal was to examine the extent of the substance abuse problem among arrestees in Detroit, Michigan. Using a substance use survey, arrestees housed in three precinct lock-up facilities in Detroit were queried on their use, procurement, and sale of drugs. In addition, arrestees were asked to provide a urine sample, and each sample was tested for the presence of drugs. The second goal of the research was to understand the need for treatment among the sample population. As such, a drug treatment questionnaire was developed as an addendum to the substance use instrument. The addendum was designed to procure information on respondents' participation in substance abuse treatment, perceived need for treatment, and barriers to obtaining treatment. The final goal of the research

¹ Reports are available (on a limited basis) from MDCH on the studies completed in the first, as well as the second rounds of the treatment needs assessment studies. All completed reports are available through the State of Michigan Library system.

was to understand the response by the criminal justice system and state-funded substance abuse treatment system to the problem of substance abuse among the arrestee population. In short, the research was designed to determine if arrestees in need of substance abuse treatment received related services subsequent to their arrest.

Review of the Literature

Although the true nature of the relationship between drugs and crime has yet to be determined, researchers have amassed considerable evidence as to the prevalence of drug use among the offender population. In a survey of state prison inmates, the Bureau of Justice Statistics (1993) found that 79 percent of the inmate population reported ever using drugs with 62 percent reporting that they had used drugs regularly. A majority (50 percent) of the inmates in the survey also mentioned that they had used drugs in the month before the offense and one third of the sample indicated that they were using drugs at the time of the offense.

Drug use is also prevalent among the arrestee population. In 2000, on average, 65 percent of individuals who participated in the Arrestee Drug Abuse Monitoring (ADAM) program tested positive for cocaine, marijuana, opiates, methamphetamine, or PCP (United States Department of Justice, 2001). The ADAM program, funded by the National Institute of Justice, tracks trends in the prevalence and types of drug use among booked arrestees in 35 urban areas. On average, 34 percent or more of arrestees said they had used illegal drugs heavily during the past year. In addition, between 43 and 85 percent of arrestees tested positive for drug use with cocaine and marijuana being the most common substances detected (National Institute of Justice, 2003b).

Findings from the Substance Abuse and Need for Treatment among Arrestees (SANTA) study, carried out in Michigan, also confirm the results from the ADAM program (Bynum et al., 1996). Similar to the ADAM project, the SANTA program was developed to study drug use behavior among a sample of individuals who had been arrested and booked in Kalamazoo County, Michigan. Results from this study indicated a substantial involvement with drugs among the sample population. Nearly half (46 percent) of the sample tested positive for at least one drug at the time of arrest. In addition, two-fifths of the sample reported marijuana use in the last 30 days and five percent reported crack or cocaine use in the last month.

Researchers have also examined the role that drugs play in the commission of a crime. The Bureau of Justice Statistics found that in 1997, one out of five of all State prisoners and 16 percent of Federal inmates stated that they committed the offense for which they were incarcerated in order to obtain money for drugs (Bureau of Justice Statistics, 2002). Harlow (1998) found that over one-third of jail inmates stated that at the time of their offense they were under the influence of drugs. Similarly, studies conducted in the U.S. and Canada using incarcerated populations have revealed that drug use played a significant role in the commission of the offense for which they were incarcerated (Kouri, Harrison, Powell, Olivia & Campbell, 1997). Further, a study conducted by De Li, Priu & MacKenzie (2000) indicated that probationers who reported drug use and/or were involved in drug dealing were more likely to be involved in property crime.

It is evident from current research that there is a substantial need among the offender population for substance abuse treatment. Despite the heightened need, there is ample evidence that offenders are currently not receiving any type of treatment. It is estimated that between 70 percent of all inmates are in need of some level of drug treatment; however, less than eleven percent ever participate in any form of drug treatment programming during their term of incarceration (Office of National Drug Control Policy, 2001). In 1992, only eight percent of jail inmates were receiving treatment, despite the rise in the number of inmates in need of treatment (Belenko, Peugh & Califano, 1998). Participation in treatment is also very low among the arrestee population. Results from the ADAM program indicate that approximately nine percent or less of the arrestees who had used drugs in the year before they were interviewed had ever participated in any form of substance abuse treatment (United States Department of Justice, 2001). In addition, only one third of the arrestee population for the SANTA study conducted in Michigan ever reported participating in treatment (Bynum et al., 1996).

Drug treatment has important ramifications for both the offender and the community. Drug treatment in general has been associated with credible reductions in future recidivism and drug use (Torres, Elbert, Baer & Booher, 1999). The Drug Abuse Reporting Program (DARP) was the first national study of the effectiveness of community-based treatment. The DARP program was a national longitudinal evaluation study of 44,000 admissions to 52 drug treatment programs from 1969 to 1973. The findings from this research indicate that treatment was effective in reducing drug use and criminal involvement (D. Dwayne Simpson & Sells, 1982b).

One third of individuals who participated in inpatient programming and 24 percent of individuals who attended outpatient treatment abstained from drug use of any type and had no contact with police a year after completion of the course of treatment (D. Dwayne Simpson & Sells, 1982a). The results were most favorable for individuals who had participated in programming that lasted over 30 days. In addition, participation in drug treatment programming was found to be positively related to employment (D. Dwayne Simpson & Sells, 1982b).

The DARP program was followed by the Drug Abuse Treatment Outcome Study (DATOS). This project, also funded by the National Institute on Drug Abuse, was a longitudinal study that examined treatment outcomes for individuals that participated in 100 different programs implemented in 11 cities during the mid to late 1990's. The most important finding from this study was that individuals who participated in drug abuse treatment were significantly less likely to report subsequent illicit drug use (Leshner, 1997). For each treatment modality examined, use of drugs 12 months post-treatment was significantly lower than pre-treatment levels (Hubbard, Craddock, Flynn, Anderson, & Etheridge, 1997; D.D. Simpson, Joe, & Brown, 1997). In addition, involvement in criminal activity among treatment participants was also reduced as indicated by such measures as number of criminal arrests, jail stays, and recidivism rates (Hubbard et al., 1997). A number of other studies reaffirm the results of the DATOS studies and have concluded that drug treatment is particularly effective for decreasing drug-related crime. (See Anglin & Hser, 1990 for a review.)

The research described in this report expands current knowledge about substance dependency and the need for treatment among the arrestee population. As such, the following report details the substance use history of arrestees detained in three Detroit Police Department precinct lock-ups during an eight-month data collection period. Data obtained from the individual substance use survey were then used to classify arrestees by their level of probable abuse or dependence on alcohol or drugs. In addition, arrestees were queried on the specifics of their substance abuse treatment histories. Finally, the response by the criminal justice system and use of state-funded substance abuse treatment and community mental health providers in relation to this need for treatment was considered. Taken together, this compilation of data allowed the researchers to consider the criminal justice response to the need for treatment among the arrestee population.

Methods and Procedures

Study Design

The research team spent the first year of the grant developing the research protocol presented below. The design phase of the project involved constructing survey instruments, training interviewers, and making formal arrangements to conduct interviews in the identified Detroit Police Department precincts. The first phase of the design included the development of a drug use survey and substance abuse treatment addendum. An amended form of the Arrestee Drug Abuse Monitoring (ADAM) instrument was utilized to create the drug use survey². The substance abuse treatment addendum was developed based on a number of pre-existing instruments in order to examine past substance abuse treatment. In order to ensure the validity of the data collection instruments, the substance abuse survey and treatment addendum were pre-tested in each of the police precincts before being implemented in the current study.

The research team also worked closely with the Detroit Police Department (DPD) staff in the implementation phase of the research. The DPD precincts used in the current study protocol had served previously as the Wayne County interviewing sites for the ADAM program. As such, the DPD staff was familiar with the research protocol and was willing to help facilitate a similar research protocol.

In the same light, the interviewers used for the current study had also been employed under the prior ADAM project and were well qualified to conduct interviews. In order to familiarize the interview staff with the research protocol, a number of training sessions were held prior to the implementation of the project. In addition, the research staff was on hand for the pre-testing portion of the study to answer questions and to provide guidance on research protocols. Periodic site monitoring was conducted by the research staff to ensure the validity of the data collection process.

Sampling Frame

Subjects for this study included all individuals booked and held in jail facilities within the 6th, 9th, and 12th precincts of the Detroit Police Department primarily during the first, second, and

² The ADAM instrument is freely available on the official ADAM website maintained by the National Institute of Justice. (www.adam-nij.net)

third quarters of 2002³. Data collection for the addendum began on February 1, 2002 and the initial phase of data collection was completed on April 16, 2002. Because it was both practically and statistically desirable to attain a larger subject population, data collection began again on June 3, 2002 and continued through October 31, 2002.

During the sampling periods, two interviewers were assigned to each precinct. Each interviewer was on-site from 5:30 p.m. until Midnight. Interviewers were responsible for requesting participation from all of the individuals who were being held in the precinct. In addition, any person who was booked during the interview time was also eligible to be interviewed. Subjects who had been housed in the facility for more than 48 hours were not eligible to participate. As the research protocol included urinalysis, it was important to try to interview subjects as close to the booking time as possible so that the urinalysis screen could accurately detect the presence of drugs.

A total of 1,413 substance abuse surveys were administered. Of the individuals who completed the initial survey, 983 (70 percent) of the respondents reported substance use or treatment in the last 12 months. Individuals with reported recent use or reported substance abuse treatment also completed the drug treatment addendum. Each respondent was asked to provide a urine sample, and over half of the sample (n=737) complied with this request.

Data Collection Protocol

Drug Use Survey

The first part of the data collection protocol included the administration of an amended version of the instrument originally designed for use in the national Arrestee Drug Abuse Monitoring Program. The survey instrument was developed to measure the extent of drug use among individuals who have been arrested and booked. This portion of the data collection protocol consisted of administering an interview approximately 30 minutes in length.

There are six parts to this section of the instrument including: demographic characteristics, a life events calendar, substance abuse dependence, drug markets, alcohol use, and secondary drug use. All drug-related questions, except for the secondary drug use questions, are centered on the use, abuse, and procurement of cocaine, crack, heroin or opiates, marijuana,

³ General descriptive statistics obtained from the 2000 census for the precincts, in addition to characteristics of the City of Detroit, are presented in Appendix A.

methamphetamine, and alcohol. The demographics segment collects information on race, gender, education, and citizenship of the arrestee. The calendar section queries behaviors over a 12-month period including: residency, treatment (substance abuse and mental health), and drug use. The dependence segment includes a limited set of diagnostic questions adapted from the DSM-IV. The drug market section queries respondents about several aspects of purchasing drugs. The secondary drug use portion asks respondents about their use of secondary drugs that are not included in the core instrument. Street names for each drug are provided and respondents are asked to identify drugs that they have used.

Substance Abuse Treatment Addendum

The substance abuse treatment addendum was designed to gain information on both the individual respondent's recent experiences with substance abuse treatment and self-reported need for services. Addenda were administered to all respondents who indicated that they had used drugs or alcohol of any kind or had participated in inpatient or outpatient treatment for substance abuse problems during the last 12 months. The addendum is divided into three parts. The first section contains questions regarding inpatient treatment services including both the nature and length of treatment, reasons for not completing treatment, and general satisfaction with the treatment. The second part of the questionnaire was completed if the respondent indicated that they had participated in outpatient treatment. The questions included in the second segment of the questionnaire were similar to the items in the first part of the questionnaire, except for reference to the treatment type. The third section of the questionnaire included questions on participation in self-help groups, methadone treatment, and also questioned respondents as to their perceived need for treatment and any actions they have taken to attain treatment.

In addition to querying respondents as to their participation in and need for treatment, the addendum also includes a section that asks participants to provide identifying information needed in order to search treatment and rearrest databases. In specific, individuals were asked to provide their name, social security number, birth date, and gender. The interviewer also obtained information on the individual's unique Detroit Police Department identification number and the local booking number. This information was included in the survey so that additional data on case processing outcomes and treatment procurement could be obtained from official court records and state treatment data.

A number of actions were taken to secure the confidentiality of project participants. First, the instrument and associated consent form were reviewed and approved by the institutional review boards overseeing the use of human subjects for research at Michigan State University and the Michigan Department of Community Health. Second, individuals were asked to read and provide written consent for participation in the study. As part of the consent document, respondents were assured that data obtained as part of the study would be maintained as confidential and would be destroyed after data collection and analyses were completed. Furthermore, individuals were advised that none of the data obtained in this study could be shared with law enforcement or other entities, and that results reported from the study would not contain any information, which could identify individual subjects.

Urinalysis

Following the completion of the substance use survey and the drug treatment addendum, individuals were asked to voluntarily provide a urine sample for analysis. A total of 737 participants provided a urine sample. The samples were then shipped to a federally certified testing facility and Enzyme Multiplied Immunoassay Testing (EMIT) testing was conducted. The EMIT system screens for both the presence of the drug itself and the metabolites of the drug. This study involved testing for eleven drugs and their metabolites including cocaine, marijuana, methamphetamine, opiates, PCP, amphetamines, barbiturates, benzodiazepines, methadone, methaqualone, and propoxyphene. It is important to note that testing for recent alcohol use was not part of this study. Table 1 outlines the drugs included in the screen and their typical detection periods after use. As shown, most drugs can only be detected for a short period of time; hence, any individual who had been held for more than 48 hours in the facility before an interview could be arranged was not eligible for participation in the study.

Table 1. Drugs Tested for during Urinalysis and Detection Period
Detroit Arrestee Study 2003

Drug	Detection Periods
Cocaine	2-3 days
Marijuana	Infrequent use: up to 30 days Chronic user: 30 days or longer
Methamphetamine	2-4 days
Opiates (Heroin)	2-3 days
PCP	3-8 days
Amphetamines	2-4 days
Barbituates	3 days
Benzodiazepines	Up to 2 weeks
Methadone	2-4 days
Methaqualone	Up to 10 days
Propoxyphene	3-7 days

Court Data

Data for each of the project participants who completed the drug treatment addendum were obtained from court records for the 36th District Court Data and the 3rd Circuit Court in Wayne County. The court data systems include information on charges filed and the outcomes of the criminal case including the nature of the disposition and sentence length.

Offender Management Network Information

Data on probation conditions were acquired from the Michigan Department of Corrections (MDOC) data system. The Offender Management Network Information (OMNI) system assembles information on a number of factors including demographic characteristics and legal information including probation violation information and specific information on the nature of the conditions of probation. Case supervision information is also maintained in this system and includes case notes, substance abuse testing results, supervision plan, employment documentation, and offender program referral.

Verified Substance Abuse and Community Mental Health Treatment

The final phase of the data collection included examining the utilization of substance abuse treatment by members of the sample. Data on substance abuse treatment were obtained from the Michigan Department of Community Health (MDCH) that maintains a database of clients whose substance abuse services were funded in whole or in part with MDCH-contracted funding. Statewide, 59,601 substance abuse treatment records were reported in FY 2002 including 7,865 records for City of Detroit residents. Data were also obtained on individuals who received community mental health services that were supported by mental health funding managed by MDCH. It is important to note that the MDCH treatment databases are not reflective of all possible treatment experiences of the study sample. Data on individuals who may have received treatment through third party payment, insurance, and self-pays are not included in the MDCH databases.

Definition of Measures

Substance Abuse and Dependency

The inclusion of criteria measures for the diagnosis of substance abuse and substance dependency was a central factor in the current research study. The dependency questions included in the ADAM survey were based on the criterion outlined in the DSM-IV (APA, 1994). The DSM-IV is the most widely accepted diagnostic approach that provides two classifications for psychoactive substance use and disorders: substance abuse and substance dependence. The DSM-IV specifies a diagnosis of substance dependence if a person has three or more of the seven possible diagnostic criteria listed below. A diagnosis of substance abuse is made if an individual meets one or two of the criteria. The following criteria are those used for determining whether an individual would qualify for a diagnosis:

1. Substance tolerance – Either need for increased amounts to achieve intoxication, or markedly diminished effect with continued use of the same amount of substance.
2. Substance withdrawal symptoms: Either (a) or (b)
 - a. Two or more of the following, developing within several hours to a few days of reduction in heavy or prolonged alcohol use:
 - i. Sweating or rapid pulse

- ii. Increased hand tremor
 - iii. Insomnia
 - iv. Nausea or vomiting
 - v. Physical agitation
 - vi. Anxiety
 - vii. Transient visual, tactile, or auditory hallucinations or illusions
 - viii. Grand mal seizures
- b. Additional substances are taken to relieve or avoid withdrawal symptoms
3. Substance was taken in larger amounts or over a longer period of time than was intended.
 4. Persistent desire or unsuccessful efforts to cut down or control alcohol use.
 5. Great deal of time spent in using substance or recovering.
 6. Important social, occupational, or recreational activities are given up or reduced because of substance use.
 7. Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely worsened by the substance.

The dependence and abuse section of the ADAM instrument includes six questions based on the DSM-IV diagnostic criteria. The convergence between the DSM-IV criteria and ADAM dependence questions are provided in Table 2. The ADAM questions do not allow for a specific diagnosis according to the DSM-IV criteria; however, the ADAM instrument provides an efficient means to gather some important information relevant to global substance use and dependence. The findings presented below should be interpreted with caution, as the brief, amended ADAM diagnostic items may not reflect the true extent of clinical diagnoses that would be obtained using the complete DSM-IV diagnostic criteria within a clinical interview involving a trained clinician.

Resource constraints and practical considerations prohibited this study from seeking complete clinical diagnoses. As a result, data tables are titled with ‘diagnostic impression’ instead of ‘diagnosis’, and narrative descriptions use terms such as ‘likely’ or ‘probable’ abuse or dependence.

Table 2. Measures of Dependence and Abuse in the ADAM and DSM –IV
Instrument⁴
Detroit Arrestee Study 2003

ADAM Question	Relation to DSM-IV Criteria
DA1 Unplanned use	DMS-IV Dependence Criteria #3
DA2 Neglect of Responsibilities	DMS-IV Abuse Criteria #1
DA3 Tried to cut down	DMS-IV Dependence Criteria #4
DA4 Objections by others	DMS-IV Dependence Criteria #4
DA5 Preoccupation	Not Contained in DSM-IV
DA6 Used to relieve emotional distress	Not Contained in DSM-IV

The drug use survey includes two sets of six questions; one set of questions asks respondents about alcohol and the second asks about other drugs. Each set of questions is scored as a weighted scale with one point given for each question. Scores of one or two indicate abuse (drugs or alcohol); whereas, scores of three or more point toward substance dependence (Hunt & Rhodes, 2001). The specific questions used in the ADAM instrument to assess elements of substance dependence and abuse is provided below.

In the last 12 months –

1. Have you spent more time drinking (or using drugs) than you intended?
2. Have you neglected some of your usual responsibilities?
3. Have you wanted to cut down on your drinking (or drug use)?
4. Has anyone objected to your drinking (or drug use)?
5. Have you found yourself thinking about drinking (or drugs)?
6. Have you started to use alcohol (or drugs) to relieve your feelings such as, sadness
anger or boredom?

⁴ Table has been adapted from (Hunt & Rhodes, 2001)

Findings

Drug Use Survey

General Respondent Demographic Information

The following section outlines the general demographic characteristics of all project participants (n=1,413). Overall, respondents were primarily single, African American males with relatively little education. The racial composition of the respondent sample was predominately comprised of African Americans (95 percent), followed by whites (4 percent), multiracial persons (1 percent), American Indians or Alaska Natives (1 percent), and respondents who identified themselves as of other race (1 percent) (See Table 3). Approximately 93 percent of the sample was male while seven percent was female (See Table 4).

Table 3: Respondent Racial Background
Detroit Arrestee Study 2003

	Number	Percent
African American	1,337	95
White	54	4
American Indian or Alaska Native	5	1
Other	4	1
Multiracial	8	1
Not Reported	5	1
Total	1,413	100

Table 4. Respondent Gender
Detroit Arrestee Study 2003

	Number	Percent
Male	1,313	93
Female	100	7
Total	1,413	100

Two fifths (39 percent) of respondents identified themselves as either having graduated from high school or as having secured a General Equivalency Diploma (GED) (See Table 5).

Thirty-seven percent did not graduate from high school. One quarter (25 percent) of the sample indicated that they had pursued some form of post-high school education.

Table 5. Highest Educational Degree
Detroit Arrestee Study 2003

	Number	Percent
High School or GED	549	39
Some College or Two-Year Associate Degree	223	16
Vocational or Trade School	98	7
Four-Year College Degree or Higher	24	2
No Degree	519	37
Total	1,413	100

The majority of respondents reported being single and living in a home or apartment. Three quarters of all respondents were single, while 15 percent identified themselves as married (See Table 6). The remainder of respondents indicated that they were divorced, legally separated, or widowed.

Table 6. Current Marital Status
Detroit Arrestee Study 2003

	Number	Percent
Single, Never Married	1,059	75
Married	211	15
Divorced	93	7
Legally Separated	35	3
Widowed	11	1
Not Available	4	1
Total	1,413	100

Overall, 93 percent of respondents indicated that their primary place of residence for the past 30 days was a house, mobile home, or apartment-type setting (See Table 7). Less than six percent of respondents indicated that their primary places of residence within the past 30 days was either a residential or group home, jail, prison, correctional boot camp, or that they were homeless.

Table 7. Place of Residence Past 30 Days
Detroit Arrestee Study 2003

	Number	Percent
House, Mobile Home or Apartment	1,317	93
Homeless	61	4
Residential Hotel, Room House, Dorm or Group Home	14	1
Jail, Prison, or Correctional Boot Camp	13	1
Treatment Facility	6	1
Not Reported	2	1
Total	1,413	100

It is also important to consider how the sample population differs from that of the City of Detroit. General descriptive statistics obtained from the 2000 census are presented in Appendix A. Comparing the respondents as a group to the 2000 census data reveals that males were 93 percent of the respondents while males represented 47 percent of Detroit residents and precinct residents where the jail sites for the interviews were located. Almost all (95 percent) of the respondents were African American, while African Americans make up 81 percent of Detroit residents and between 74 and 95 percent of residents in the three precincts that the study took place within. Completion of a bachelor's degree or higher was attained by 11 percent of Detroit residents, between 6 and 19 percent among populations in the three precincts, while only two percent of study respondents attained this level of education.

Employment and Health Insurance

Employment and health insurance provision can play a large role in obtaining treatment. Individuals who are employed full-time are more likely to have health care benefits that avail the individual the opportunity to receive treatment services for less out of pocket expense. The

majority of arrestees were not employed full-time at the time of arrest with one third (37 percent) of respondents reporting full-time employment (See Table 8). In addition, 15 percent of the respondents report being employed part time, one third of the sample was unemployed, and the remainder of the sample indicated being out of the labor force due to a disability, dependent care responsibilities, or other reason.

Table 8. Employment Status
Detroit Arrestee Study 2003

	Number	Percent
Work Full-time (35 hours or more a week)	535	37
Work Part-Time	216	15
Unemployed	469	33
Out of Labor Force	193	14
Total	1,413	100

Nearly half (46 percent) of the respondents reported having health insurance of some kind (See Table 9). Of those with health care benefits, approximately one half received coverage through an employer and an additional half were insured by Medicare or Medicaid. The remainder of individuals with health care insurance purchased a plan or had multiple providers.

Table 9. Current Health Care Coverage
Detroit Arrestee Study 2003

	Number	Percent
No	765	54
Yes		
Employer or Union Funded (Including State Employee Benefits)	293	21
Individually Purchased	36	3
Medicaid	248	18
Medicare	53	4
Multiple Providers	10	1
Total	1,413	100

Criminal History

Most respondents indicated substantial involvement with the criminal justice system prior to the current arrest. Over three quarters of arrestees indicated they were arrested previously (80 percent) and had served time in jail (77 percent) (See Table 10). The median number of prior arrests was 4; while, the median number of prior days spent in jail was 90.

Table 10. Criminal History (n=1,413)
Detroit Arrestee Study 2003

Ever Been Arrested	1,123 (80%)
Median Number of Arrests	4.0
Ever Served More than 24 Hours in Jail	1,092 (77%)
Median Number of Days Spent in Jail	90.0

The character of the current offense is presented in Table 11. Offenses were separated into four groups with those individuals arrested for a drug-specific crime organized into one group. Respondents who were detained on non-drug specific felonies, misdemeanors, or traffic offenses were also categorized into three separate groups.

Over half of all respondents had been arrested on a felony offense and one quarter for a misdemeanor crime. Twelve percent were detained for a drug-specific offense and an additional 12 percent were arrested for a traffic violation.

Table 11. Nature of Current Arrest
Detroit Arrestee Study 2003

	Number	Percent
Felony	731	53
Misdemeanor	318	23
Traffic	169	12
Drug	168	12
Total	1,386	100
Not Reported	27	
Total	1,413	

Drug Use

Findings on the type, duration, and average age of first drug use among the respondent population are presented in Table 12. The results from the survey reflect a substantial involvement with drugs among the respondent population. In reference to marijuana, over three-quarters of the respondents (78 percent) reported lifetime use. Sixty percent of respondents acknowledged use of marijuana within the last 12 months, and over half of respondents (53 percent) obtained it for personal use within the past 30 days. Respondents also reported use of marijuana took place before use of any other drug. The average age of first marijuana use by the respondents was 15.72 years.

Use of powder cocaine and crack was reported by a number of respondents, but the prevalence of such use was considerably less than that of marijuana. Nearly one-fifth of the sample indicated use of powder cocaine (15 percent) or crack cocaine (21 percent) at some point in their life. Very few respondents (2 percent) reported use of powder cocaine use within the past 12 months and only one percent reported personal use within the last 30 days. In contrast, 15 percent of respondents described that they had used crack cocaine in both the past 12 months and in the last 30 days. The average age of first use was 22.72 years for powder cocaine and 26.37 years for crack cocaine.

A very small portion of respondents reported use or procurement of heroin. Eight percent of respondents indicated use of heroin at some point in their life while less than five percent acknowledged use of the drug in the past 12 months. Fewer than five percent had obtained heroin for personal use in the last 30 days. The average age of the sample's first use of heroin was 24.61 years.

Methamphetamine use was not prevalent among the respondent population. Only two percent reported lifetime use, and less than one percent reported use in the last 30 days. The average age of first methamphetamine use was 20.94 years.

Table 12. Drug Use among Total Sample Population*Detroit Arrestee Study 2003***Total Sample (n=1,413)**

	<i>Alcohol</i>	<i>Marijuana</i>	<i>Cocaine</i>	<i>Crack</i>	<i>Heroin</i>	<i>Meth</i>	<i>Other</i>
Ever Used Drug	905 (64%)	1,101 (78%)	207 (15%)	297 (21%)	113 (8%)	24 (2%)	57 (4%)
Used Drug in the Last 12 Months	620 (44%)	830 (59%)	34 (2%)	207 (15%)	66 (5%)	1 (1%)	16 (1%)
Used Drug in Last 30 Days	*	751 (53%)	20 (1%)	206 (15%)	60 (4%)	3 (1%)	*
Mean Age at First Use	19.20	15.72	22.72	26.37	24.61	20.94	17.50

*The drug use questionnaire did not include questions relevant to the use of alcohol and other drugs during the last 30 days.

Participation in Substance Abuse or Mental Health Treatment

Participation in substance abuse or mental health treatment of any kind was very low among the respondent population. In total, 100 (7 percent) respondents reported receiving inpatient substance abuse, outpatient substance abuse, or mental health treatment in the last 12 months (See Table 13). Less than one fifth of respondents reported ever participating in inpatient substance abuse treatment (18 percent) or outpatient substance abuse treatment (16 percent), and one in ten respondents (10 percent) indicated admittance to a mental health program.

Table 13. Participation in Substance Abuse and Mental Health Treatment (n=1,413)
Detroit Arrestee Study 2003

	Involvement in Treatment during Lifetime	Involvement in Treatment during the last 12 months
Participation in an inpatient substance abuse treatment program?	251 (18%)	52 (4%)
Participation in an outpatient substance abuse treatment program?	227 (16%)	44 (3%)
Participation in mental health treatment program?	141 (10%)	18 (1%)

Participation in self-help meetings was also very low. Of those that reported drug or alcohol use in the last 12 months, 108 (11 percent) also reported attending one or more Narcotics Anonymous (NA) or Alcoholics Anonymous (AA) meetings during the previous year (See Table 14).

Table 14. Attendance at NA or AA meetings in the last 12 months (n=983)⁵
Detroit Arrestee Study 2003

	Number	Percent
Yes	108	11
No	867	89
Total	975	100
Not Reported	8	

⁵ The percentages provided in this table reflect the proportion of people that reported substance use in the last 12 months.

Substance Abuse and Global Diagnostic Impressions

The data collection instrument for this project allowed for six sub-types of global substance abuse and dependency diagnostic impressions to be identified⁶. These include three sub-types for abuse (alcohol abuse, drug abuse, and combined alcohol and drug abuse) and three sub-types for dependence (alcohol dependence, drug dependence, and combined alcohol and drug dependence). Table 15 presents findings for the respondents for each of these sub-types of global diagnostic impressions.

Overall, nearly two-thirds of respondents provided responses to the instrument in a pattern that qualified them for a diagnosis of abuse or dependency. The findings show that sample members are more likely to potentially qualify for a more serious diagnosis of dependency than for abuse. Almost half (48 percent) of respondents would likely qualify for a diagnosis of dependence, while just under one in five respondents (18 percent) reported behaviors consistent with a likely abuse diagnosis.

Drug dependence was the most frequent diagnostic impression sub-type (24 percent), followed by combined alcohol and drug dependence (17 percent) among the sample. A diagnosis involving alcohol, without other drug involvement, as either dependence or abuse was likely for just over one in ten respondents in the sample (13 percent). A diagnosis of alcohol dependence was more than twice as likely (9 percent) as one of alcohol abuse (4 percent). About one-third (33 percent) of the respondents were found to likely qualify for a diagnosis involving other drugs, without alcohol involvement. Within this group, the rate of drug dependence (23 percent) was more than twice that of drug abuse (10 percent). One in five of the respondents (16 percent) had a potential diagnosis where combined alcohol and other drug use were involved. Within this group, dependence would be found to be more than four times likely than abuse (4 percent).

⁶ For a discussion on diagnostic impressions as measured in this study, see earlier section entitled 'Definition of Measures' within methods and procedures.

Table 15. Dependence and Abuse Diagnostic Impression
Detroit Arrestee Study 2003

No Diagnosis	474 (34%)
Alcohol Abuse	59 (4%)
Drug Abuse	142 (10%)
Drug and Alcohol Abuse	52 (4%)
Alcohol Dependence	121 (9%)
Drug Dependence	332 (24%)
Drug and Alcohol Dependence	233 (17%)
Total	1,413

Table 16 outlines the racial composition of respondents by diagnostic category. As mentioned previously, the study population was comprised primarily of African American males. Over nine tenths of respondents (93%) were male and 95 percent African American. Given these factors, the ratio of substance abuse diagnoses did not vary substantially by gender or race. African Americans were most widely represented in the participant group, and were most likely to report behaviors consistent with a diagnosis of substance abuse dependence or abuse (See Table 16). Males were also the most likely be classified with a probable substance abuse or dependence problem (See Table 17).

Table 16. Dependence and Abuse Diagnostic Impression by Race (n=1,413)⁷
Detroit Arrestee Study 2003

	Race of Respondent		
	<i>African American</i>	<i>White</i>	<i>Other</i>
No Diagnosis	452 (96%)	13 (3%)	7 (1%)
Alcohol Abuse	56 (95%)	3 (5%)	0
Drug Abuse	138 (99%)	1 (1%)	1 (1%)
Drug and Alcohol Abuse	51 (98%)	1 (2%)	0
Alcohol Dependence	116 (96%)	4 (3%)	1 (1%)
Drug Dependence	314 (95%)	13 (4%)	4 (1%)
Drug and Alcohol Dependence	210 (90%)	19 (8%)	4 (1%)

Table 17. Dependence and Abuse Diagnostic Impression by Gender (n=1,413)⁸
Detroit Arrestee Study 2003

	Gender of Respondent	
	<i>Male</i>	<i>Female</i>
No Diagnosis	391 (91%)	39 (9%)
Alcohol Abuse	45 (94%)	3 (6%)
Drug Abuse	102 (96%)	4 (4%)
Drug and Alcohol Abuse	34 (94%)	2 (6%)
Alcohol Dependence	91 (96%)	4 (4%)
Drug Dependence	245 (94%)	16 (6%)
Drug and Alcohol Dependence	167 (92%)	15 (8%)

⁷ The number in parenthesis represents row percentages. Five respondents did not provide a response to this item.

⁸ The number in parenthesis represents row percentages. 105 respondents did not provide a response to this item.

Criminal History

The relationship of criminal history to diagnostic impression sub-types is presented in Table 18. Across all diagnostic groups, respondents reported substantial involvement with the criminal justice system prior to the current arrest. Overall, 1,123 of the 1,413 respondents (79 percent) reported ever being arrested and 1,092 respondents (77 percent) indicated that they had served prior jail time.

Within diagnostic sub-type groups, individuals in the combined alcohol and other drug dependence group were the most likely to report prior arrest and confinement histories. Nearly nine out of ten of the respondents (89 percent) most likely to have a drug and alcohol dependence diagnosis have been arrested prior to the current study offense, while 87 percent have served prior jail time. In addition, members of this group were also more likely to report multiple interactions with the criminal justice system. The median number of prior arrests for this group was five and the median number of days served in jail was 290. Individuals in the dual dependence group reported spending three times the number of days in jail than the total sample.

Prior criminality was also prevalent among individuals reporting behaviors consistent with dependence on alcohol and drugs. Eighty-five percent of the respondents most likely to have a dual diagnosis of alcohol and drug dependence had been arrested prior to the current arrest. Four fifths of the alcohol dependence group had served prior jail time, and 85 percent of the respondents most likely to have a drug dependence diagnosis had been previously arrested. The median number of prior arrests reported for both groups was four; although, individuals in the drug dependence group reported spending an average of twice the number of days in jail than the alcohol dependence group.

As a group, individuals with a likely abuse diagnosis reported less involvement in the criminal justice system when compared those in the dependence group. Eighty-two percent of the respondents with a likely drug abuse diagnosis had been arrested prior to the study offense while 79 percent had served prior jail time. The median number of prior arrests for this group was three and the median number of days served in jail was 30. More than eight of every ten of the respondents with a likely drug and alcohol abuse diagnosis had been arrested prior to the current offense while nearly two thirds had served prior jail time. The median number of prior arrests for this group was four and the median number of days served in jail was 37. Over three

fourths of the respondents receiving alcohol abuse classifications had been arrested prior to the current offense and had served prior jail time. The median number of prior arrests for this group was five and the median number of days served in jail was 90.

Respondents who did not report behaviors consistent with a substance use or abuse diagnosis reported the least prior involvement in the criminal justice system, yet members of this group indicated considerable prior arrest histories and many had served time in jail prior to the current arrest. Nearly three quarters (69 percent) of those who did not qualify for a substance abuse diagnostic impression had been arrested prior to the current study offense and 68 percent served prior jail time. The median number of prior arrests was three and the median number of days served in jail was 30.

Table 18. Criminal History by Diagnostic Impression (n=1,413)
Detroit Arrestee Study 2003

	Ever Been Arrested? Yes	Median Number of Arrests	Ever served jail time? Yes	Median Number of Days Served in Jail
No Diagnosis	327 (69%)	3	324 (68%)	30
Alcohol Abuse	45 (76%)	5	45 (76%)	90
Drug Abuse	116 (82%)	3	111 (79%)	30
Drug and Alcohol Abuse	42 (81%)	4	37 (71%)	38
Alcohol Dependence	103 (85%)	4	95 (79%)	45
Drug Dependence	283 (85%)	4	278 (84%)	100
Drug and Alcohol Dependence	207 (89%)	5	202 (87%)	290
Total	1,123 (79%)		1,092 (77%)	

Current Offense

Table 19 presents data on the relationships between current offense classification and diagnostic impression categories. Overall, the seriousness of the arrest did not vary substantially

by diagnostic category. Of the 462 respondents who did not qualify for a potential dependency or abuse diagnosis, more than half (56 percent) were arrested for felony offenses. Almost one quarter (23 percent) were arrested for misdemeanor offenses, more than one in ten (12 percent) were arrested for traffic violations, and just under one in ten (9 percent) were arrested for drug violations, and less than one percent were arrested for other crimes.

Of the 58 respondents with a potential alcohol abuse diagnosis, over two-fifths (43 percent) were arrested for felony offenses, one third (33 percent) were arrested for misdemeanor offenses, nearly one fifth (16 percent) were arrested for traffic violations, and less than one in ten (9 percent) were arrested for drug violations. Of the 140 respondents with a potential drug abuse diagnosis, half were arrested for felony offenses, one fifth (20 percent) were arrested for misdemeanor offenses, 13 percent were arrested for traffic violations, and 17 percent were arrested for drug violations. Of the 52 respondents with a potential combined drug and alcohol abuse diagnosis, 62 percent were arrested for felony offenses, 17 percent were arrested for misdemeanor offenses, 14 percent were arrested for traffic violations, and 8 percent were arrested for drug violations.

Of the 118 respondents with a potential alcohol dependence diagnosis, one half (49 percent) were arrested for felony offenses, 28 percent were arrested for misdemeanor offenses, one in ten (12 percent) were arrested for traffic violations, and 11 percent were arrested for drug violations.

Of the 327 respondents with a likely drug dependence diagnosis, over half (50 percent) were arrested for felony offenses, 23 percent were arrested for misdemeanor offenses, 11 percent were arrested for traffic violations, and 16 percent were arrested for drug violations.

Of the 229 respondents with a likely combined drug and alcohol dependence diagnosis, over half (53 percent) were arrested for felony offenses, nearly one quarter (21 percent) were arrested for misdemeanor offenses, 12 percent were arrested for traffic violations, and 13 percent were arrested for drug violations.

Table 19. Nature of Arrest by Diagnostic Impression Category (n=1,413)⁹
Detroit Arrestee Study 2003

	Felony	Misdemeanor	Traffic	Drug
No Diagnosis	260 (56%)	105 (23%)	54 (12%)	41 (9%)
Alcohol Abuse	25 (43%)	19 (33%)	9 (16%)	5 (9%)
Drug Abuse	70 (50%)	28 (20%)	18 (13%)	24 (17%)
Drug and Alcohol Abuse	32 (62%)	9 (17%)	7 (14%)	4 (8%)
Alcohol Dependence	58 (49%)	33 (28%)	14 (12%)	13 (11%)
Drug Dependence	164 (50%)	75 (23%)	37 (11%)	51 (16%)
Drug and Alcohol Dependence	122 (53%)	49 (21%)	28 (12%)	30 (13%)
Total	731 (52%)	318 (23%)	167 (12%)	168 (12%)

Substance Abuse and Mental Health Treatment

Table 20 presents findings on the reported prior participation in outpatient or residential mental health and substance abuse treatment by diagnostic impression category. Individuals who qualified for a likely diagnosis of substance dependency were also substantially more likely to have previously participated in substance abuse treatment. Overall, just fewer than one in five (19 percent) of the respondents with a potential alcohol dependence diagnosis attended inpatient substance abuse treatment at some point in their life while none attended inpatient substance abuse within the last 12 months. Nearly one in five (17 percent) of the likely alcohol dependence group indicated that they had received outpatient substance abuse treatment at some point in their life, but only two percent had attended outpatient substance abuse treatment in the last 12 months. In reference to mental health treatment, 15 percent of the likely alcohol dependence group indicated that they participated in inpatient mental health treatment at some point in their life, but none indicated similar participation within the last 12 months.

One quarter (24 percent) of respondents with probable drug dependence participated in inpatient substance abuse treatment at some point in their life while five percent participated in inpatient substance abuse treatment within the last 12 months. Twenty-two percent of the likely drug dependence group also indicated participation in outpatient substance abuse treatment at

⁹ Data on the nature of the current arrest were not available for 29 respondents.

some point in their life while nearly one in ten (7 percent) indicated participation in the last 12 months. One in ten of the likely drug dependence group also received inpatient mental health treatment at some point in their lives while two percent received some form of inpatient mental health treatment within the last 12 months.

Individuals likely to be diagnosed with a dual dependence on alcohol drugs were most likely to have participated in both mental health and substance abuse treatment prior to the current arrest. Two-fifths (39 percent) of the respondents classified as probably drug and alcohol dependent received some form of inpatient substance abuse treatment at some point in their lives. Over one in ten (12 percent) of this group received treatment within the last 12 months. In contrast, only four percent of all respondents underwent inpatient treatment in the last 12 months. Twenty-eight percent reported participation in outpatient substance abuse treatment at some point in their life while six percent reported treatment participation within the last 12 months. Inpatient mental health treatment was sought by 16 percent of the likely drug and alcohol dependent group at some point in their life; whereas, less than five percent (3 percent) indicated this treatment was within the last 12 months.

Participation in treatment was not as common among members of the substance abuse group when compared with individuals who were likely to be diagnosed as substance dependent. Nearly one in ten (9 percent) of the respondents receiving a probable alcohol abuse classification attended inpatient substance abuse treatment at some point in their life while none attended inpatient substance abuse within the last 12 months. Approximately 14 percent of the probable alcohol abuse group indicated that they had received outpatient substance abuse treatment at some point in their life. Only one arrestee (2 percent) in the probable alcohol abuse dependency group participated in outpatient treatment in the last 12 months. In reference to mental health treatment, five percent of respondents with a likely alcohol abuse diagnosis indicated that they participated in inpatient mental health treatment at some point in their life, but no members of this group participated in this form of treatment during the previous 12 months.

Of the respondents receiving a likely drug abuse diagnostic classification, six percent attended inpatient substance abuse treatment at some point in their life while only one percent attended inpatient substance abuse treatment within the last 12 months. Nearly one in ten (9 percent) of the likely drug abuse group indicated that they have received outpatient substance abuse treatment at some point in their life; whereas, one percent attended outpatient substance

abuse treatment in the last 12 months. Pertaining to mental health treatment participation, four percent of the probable drug abuse group reported participation in inpatient mental health treatment at some point in their life. None of the respondents likely to be diagnosed as abusive of drugs also participated in mental health treatment in the year prior to the current arrest.

Approximately six percent of respondents with a likely dual drug and alcohol abuse diagnosis reported participation in inpatient substance abuse treatment at some point in their life while two percent reported inpatient substance abuse treatment in the last 12 months. Nearly one in five (17 percent) of those with a probable dual drug and alcohol abuse diagnosis indicated participation in outpatient substance abuse treatment at some point in their life while six percent reported participation in outpatient substance abuse treatment in the last 12 months. Pertaining to mental health treatment, 14 percent of this group reported participation at some point in their life while less than five percent (4 percent) reported participation in the last 12 months.

Finally, one in ten of the respondents who would not receive a likely drug abuse or dependence diagnosis attended inpatient substance abuse treatment at some point in their life while one percent attended inpatient substance abuse within the last 12 months. An additional eight-percent of the likely no diagnosis group also indicated that they had received outpatient substance abuse treatment at some point in their life while one percent attended outpatient substance abuse treatment within the last 12 months. In reference to mental health treatment, eight percent of the likely no diagnosis respondents indicated that they participated in inpatient mental health treatment at some point in their life while one percent indicated participation in inpatient mental health within the last 12 months.

Table 20. Lifetime Participation in Inpatient Substance Abuse Treatment, Outpatient Substance Abuse Treatment, or Mental Health Inpatient Treatment Programs by Diagnostic Category (n=1,413)
Detroit Arrestee Study 2003

	Inpatient Treatment Ever	Inpatient Treatment Last 12 months	Outpatient Treatment Ever	Outpatient Treatment Last 12 months	Inpatient Mental Health Treatment Ever	Inpatient Mental Health Treatment Last 12 months
No Diagnosis	43 (9%)	3 (1%)	38 (8%)	1 (1%)	38 (8%)	3 (1%)
Alcohol Abuse	5 (9%)	0	8 (14%)	1 (2%)	3 (5%)	0
Drug Abuse	9 (6%)	2 (1%)	13 (9%)	1 (1%)	6 (4%)	0
Drug and Alcohol Abuse	3 (6%)	1 (2%)	9 (17%)	3 (6%)	7 (14%)	2 (4%)
Alcohol Dependence	23 (19%)	0	20 (17%)	2 (2%)	18 (15%)	0
Drug Dependence	78 (24%)	18 (5%)	74 (22%)	22 (7%)	33 (10%)	5 (2%)
Drug and Alcohol Dependence	90 (39%)	28 (12%)	65 (28%)	15 (6%)	36 (16%)	8 (3%)
Total	251 (18%)	52 (4%)	277 (20%)	45 (3%)	141 (10%)	18 (1%)

Self-help Group Participation

Table 21 presents the findings on attendance at self-help groups by diagnostic impression. Twelve-step programming in this context is defined as attendance at Alcoholic's Anonymous (AA) and/or Narcotics Anonymous (NA) meetings. Overall, only a small proportion of respondents that had indicated that they had used alcohol or drugs in the last 12 months reported ever participating in these groups. Individuals with likely dual dependencies to alcohol and drugs were the most likely to report having attended a self-help meeting. One in five members (21 percent) of this group reported participation in at least one self-help session. In contrast, one in ten (11 percent) individuals that most likely would not receive a substance abuse or dependence diagnosis indicated they had attended an AA or NA meeting.

Less than ten percent of the remaining groups reported participation in NA or AA. Of those respondents receiving a probable alcohol dependence diagnosis, six percent reported NA and/or AA attendance while 10 percent of those respondents in the likely drug dependence group indicated similar attendance. Nearly eight percent of the respondents with a probable alcohol abuse diagnosis reported attending an AA and/or NA meeting while four percent of the respondent in the drug abuse group also reported participation in a NA or AA group. For those respondents with a probable drug and alcohol abuse diagnosis, eight percent reported attendance at self-help group meetings.

Table 21. Participation in AA or NA Programming by Diagnostic Impression Category¹⁰
Detroit Arrestee Study 2003

	Yes	No
No Diagnosis	14 (11%)	115 (89%)
Alcohol Abuse	4 (8%)	48 (92%)
Drug Abuse	5 (4%)	120 (96%)
Drug and Alcohol Abuse	4 (8%)	47 (92%)
Alcohol Dependence	6 (6%)	88 (94%)
Drug Dependence	30 (10%)	274 (90%)
Drug and Alcohol Dependence	45 (21%)	175 (80%)
Not Reported	8	
Total	108 (12%)	867 (88%)

Substance Abuse Treatment Addendum

Results from the drug treatment addendum demonstrate that a small proportion of the sample indicated that they were in need of substance abuse treatment. An even smaller minority responded that they sought out substance abuse treatment as a result of an identified need. Table 22 outlines the relationships between the need for and prior participation in treatment by diagnostic impression group for those respondents who completed the substance abuse treatment addendum. The first column represents the number and percent of individuals who completed the drug treatment addendum and felt that they needed some form of substance abuse treatment during the last 12 months; while, the second column includes respondents that indicated both that they needed treatment and sought out services as a result. Overall, 28 percent (n=280) of respondents who completed the drug treatment addendum indicated that they thought that they

¹⁰ The percentages presented in this table are reflective of those individuals that reported substance use in the last 12 months (n=983).

were in need of treatment. Of those who perceived a treatment need, over 40 percent (n=112) reported that they had sought out treatment.

A small proportion of individuals with a probable abuse diagnosis reported a need for treatment. Of those in the probable abuser group that identified a need for treatment, very few sought out services. Nearly six percent of the alcohol abuse sample indicated that they thought they needed treatment in the last 12 months while one third indicated that they had actively sought treatment. Approximately nine percent of the probable drug abuse group indicated that they thought they needed treatment in the last 12 months while less than ten percent (8 percent) indicated that they sought treatment. Sixteen percent of the probable dual drug and alcohol abuse group indicated that they thought they needed treatment in the last 12 months while 25 percent sought treatment.

Individuals in the probable alcohol or drug dependence group were most likely to indicate a need for treatment and to report taking steps to obtain treatment services. Nearly one in five members (17 percent) of the probable alcohol dependent group reported a need for treatment in the last 12 months while one quarter of those individuals (24 percent) indicated that they sought treatment. Thirty-eight percent of individuals with a likely drug dependence diagnosis identified a need for treatment and more than one third (39 percent) looked for treatment in response to the need. Over half (52 percent) of the individuals with a likely dual dependency to alcohol and drugs indicated that they thought they needed treatment in the last 12 months while 48 percent sought treatment as a result.

Although a small proportion (10 percent) of individuals in the no diagnosis group indicated a need for treatment, one third (33 percent) reported that they had actively sought treatment as a result of their perceived need.

Table 22. Need and Procurement of Treatment During the Last 12 Months
Detroit Arrestee Study 2003

	<i>Did you think you needed treatment?</i> ¹¹ (n=280)	<i>Did you try to get treatment?</i> ¹² (n=112)
	Yes	Yes
No Diagnostic Impression	12 (10%)	4 (33%)
Alcohol Abuse	3 (6%)	1 (33%)
Drug Abuse	11 (9%)	1 (8%)
Drug and Alcohol Abuse	8 (16%)	2 (25%)
Alcohol Dependence	16 (17%)	4 (25%)
Drug Dependence	115 (38%)	45 (39%)
Drug and Alcohol Dependence	115 (52%)	55 (48%)
Total	280 (100%)	112 (100%)

Overall, most arrestees did not try to attain substance abuse treatment. Of the reasons offered for not seeking treatment for drug and alcohol abuse or dependence, nearly one third (28 percent) of the addendum respondents indicated that they did not know how to obtain treatment services (See Table 23). An additional one-quarter of the respondents indicated that they did not think treatment would help, while 24 percent did not want to stop their alcohol or drug use. Twenty-two percent indicated that they were too busy to participate in treatment.

¹¹ Percentages in this column represent the proportion of individuals in each diagnostic group that indicated they needed substance abuse treatment.

¹² Percentages in this column designate, of those individuals that indicated they needed treatment, the proportion that sought out treatment as a result of their perceived need.

Table 23. Why didn't you get treatment?
Detroit Arrestee Study 2003

	Number	Percent
Didn't know how to get treatment	46	27
Didn't think treatment would help	41	24
Too busy	36	21
Didn't want to stop	39	23
Not Reported	6	4
Total	168	100

Urinalyses Results

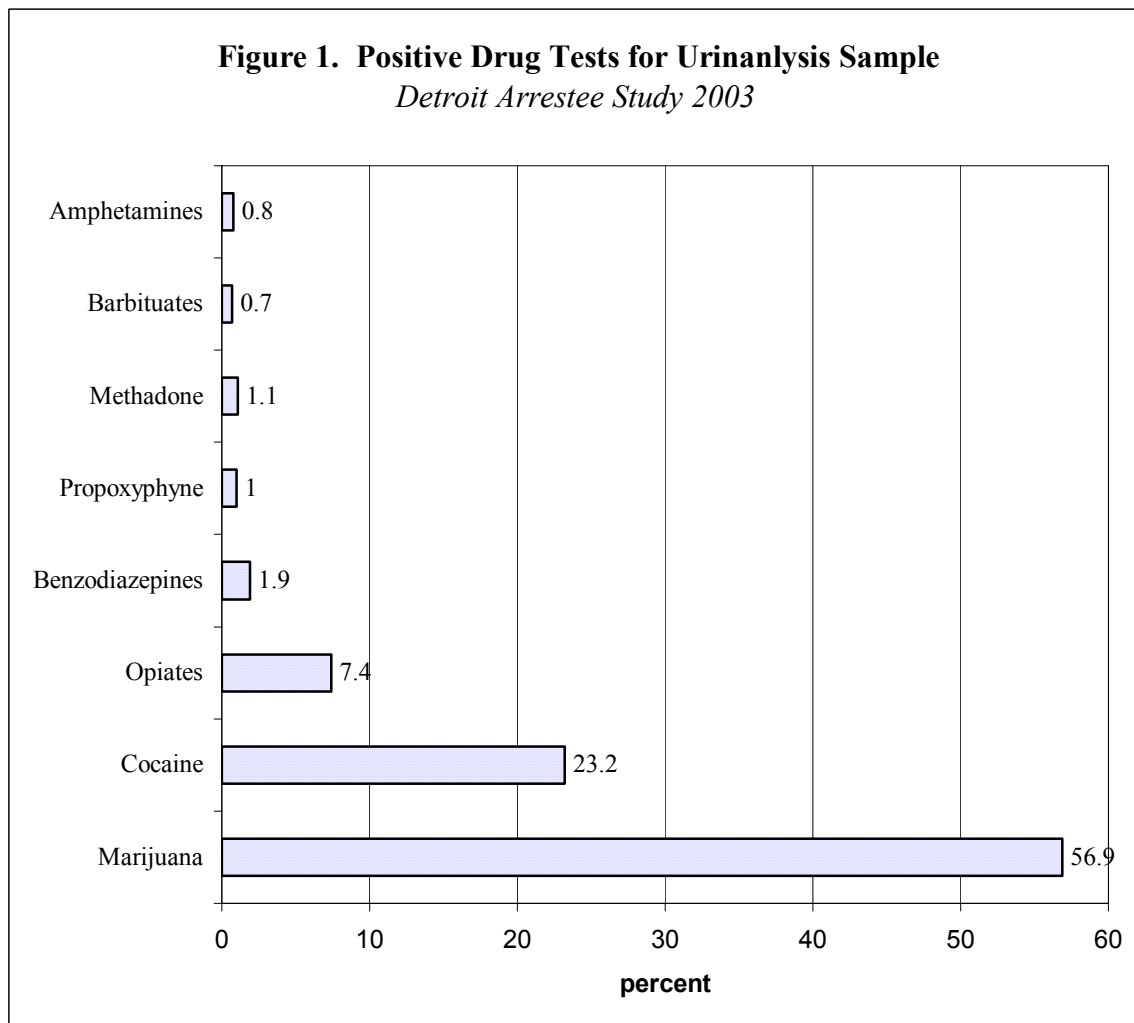
The findings from the urinalysis confirm that of the drug use survey; the majority of arrestees tested positive for drug use at the time of their arrest. In total, 721 respondents provided a urine specimen following the completion of the drug use survey and treatment addendum¹³. It is important to note the urinalyses were conducted to detect the presence of drugs and did not screen for alcohol use. Of those that provided a sample, the majority (70 percent) tested positive for at least one drug that was included in the screening (See Table 24). Over half of the sample members (54 percent) had positive specimens for one drug; while, 17 percent had drug test results that indicated the presence of two or more drugs. Just under one third of the sample did not test positive for any of the drugs in the test group.

Table 24. Urinalysis Test Results (n=1,413)
Detroit Arrestee Study 2003

	Frequency	Percent
Not Positive	216	29
One Positive Test	395	54
Two or More Positive Tests	126	17
Total	737	100
Did Not Provide Specimen	676	

¹³ All respondents that completed the drug use survey, regardless of their reported drug use history, were asked to provide a urine sample. Individuals that chose not to provide a urine sample were maintained in the database.

Marijuana was the most commonly identified drug in the urinalysis. Over half (57 percent) of all individuals with a positive test, had recent marijuana use detected (See Figure 1). In regard to the other drugs, 23 percent of the positive tests were for cocaine use, seven percent for opiate use, and less than five percent for benzodiazepine use or methadone. Less than one percent of the sample received a positive test indicating use of propoxyphene, barbiturates, or amphetamines.



Consistent with prior results, individuals likely to have a diagnosis of dependence on drugs were most likely to have a positive drug test and to test positive for the presence of multiple drugs (See Table 25). Of the 137 tested respondents with a probable drug and alcohol dependence diagnosis, less than ten percent (6 percent) tested negative for the presence of a drug while nearly two thirds (64 percent) tested positive for the presence of one drug. One third (31

percent) of individuals with a probable dual alcohol and drug dependence diagnosis tested positive for the presence of multiple drugs.

Nine out of ten individuals with a probable drug dependence diagnosis tested positive for the presence of drugs. Over two thirds (69 percent) of the probable drug dependence group tested positive for the presence of only one controlled substance. Twenty-four percent of this group tested positive for the presence of multiple substances.

Individuals with a likely diagnosis of alcohol dependency were less likely to test positive for drugs when compared with other individuals with a likely dependence diagnosis. Two-fifths (40 percent) of this group tested positive for the presence of only one drug and ten percent tested positive for the presence of multiple drugs.

Of the 68 tested respondents with a probable drug abuse diagnosis, nearly 15 percent tested negative for the presence of a drug while 72 percent tested positive for one drug. Thirteen percent tested positive for the presence of multiple drugs. Of the 29 tested respondents with a probable drug and alcohol abuse diagnosis, nearly 14 percent tested negative for drugs while 72 percent tested positive for only one drug. Fourteen percent tested positive for multiple drugs.

Individuals who had been diagnosed with an alcohol abuse problem were the least likely to have tested positive for drugs. Three quarters of this group tested negative for drugs while seven percent tested positive for one drug. Approximately 18 percent tested positive for multiple drugs.

Although members of the no-diagnosis group did not qualify for a diagnosis of drug or alcohol abuse or dependence, 40 percent of the 209 respondents in this group tested positive for a drug. In fact, six percent of this group tested positive for the presence of multiple drugs. Positive tests for marijuana were most common among this group with a third of the no diagnosis group testing positive.

Table 25. Drug Test Results by Diagnostic Impression Category (n=737)
Detroit Arrestee Study 2003

	Not Positive	One Positive Test	Two or More Positive Tests
No diagnosis	125 (60%)	72 (34%)	12 (6%)
Alcohol Abuse	21 (75%)	2 (7%)	5 (18%)
Drug Abuse	10 (15%)	49 (72%)	9 (13%)
Drug and Alcohol Abuse	4 (14%)	21 (72%)	4 (14%)
Alcohol Dependence	34 (49%)	28 (40%)	8 (11%)
Drug Dependence	14 (7%)	136 (69%)	46 (24%)
Drug and Alcohol Dependence	8 (6%)	87 (64%)	42 (31%)
Total	216 (29%)	395 (54%)	126 (17%)

As presented above, drug use, as verified by urinalyses, was prevalent among the study participants. Marijuana was the drug of choice for many of the group; however, a number of respondents also tested positive for crack, cocaine, and opiates. Table 26 presents the distribution of probable diagnoses by positive drug test results. Overall, 57 percent of the respondents tested were positive for marijuana. Individuals diagnosed with probable drug abuse and dependence were the most likely to test positive for marijuana. Four fifths (82 percent) of the probable drug abuse group and 75 percent of individuals diagnosed with probable drug dependence tested positive for this drug. One in five (19 percent) members of the probable alcohol abuse group, 40 percent of the probable alcohol dependence group, and 68 percent of those found with probable dual drug and alcohol abuse, and 72 percent found likely to be dependent on both drugs and alcohol tested positive for marijuana. Finally, one third (31 percent) of individuals who did not receive a probable substance abuse or dependence diagnosis tested positive for marijuana.

Nearly one quarter (23 percent) of total respondents tested positive for cocaine. One in ten (10 percent) who did not receive a probable substance abuse diagnosis tested positive for cocaine. Individuals with a probable dual dependence on drugs and alcohol were the most likely to test positive for cocaine. In total, two fifths (42 percent) of the probable dual dependence

group tested positive for cocaine. In addition, 15 percent of with probable alcohol abuse, 14 percent with probable drug abuse, 21 percent with probable drug and alcohol abuse, 11 percent with probable alcohol dependence and 33 percent with probable drug dependence also tested positive for cocaine.

Less than one in ten (7 percent) of the total samples tested positive for opiates. Six percent of individuals with probable drug abuse; seven percent of individuals with probable drug and alcohol abuse; seven percent of individuals with probable alcohol dependence; 12 percent of individuals with probable drug dependence; and 10 percent of individuals with probable dual dependencies to drugs and alcohol also tested positive to opiates. In addition, three percent of individuals that did not receive a probable diagnosis tested positive for opiates.

Table 26. Drug Test by Diagnostic Impression Category
Detroit Arrestee Study 2003

	Positive Drug Test		
	Marijuana ¹⁴	Cocaine	Opiates
No Diagnosis	64 (31%)	21 (10%)	7 (3%)
Alcohol Abuse	5 (19%)	4 (15%)	0
Drug Abuse	54 (82%)	9 (14%)	4 (6%)
Drug and Alcohol Abuse	19 (68%)	6 (21%)	2 (7%)
Alcohol Dependence	28 (40%)	8 (11%)	5 (7%)
Drug Dependence	142 (75%)	62 (33%)	22 (12%)
Drug and Alcohol Dependence	98 (72%)	57 (42%)	13 (10%)
Total	410 (57%)	167 (23%)	53 (7%)

Table 27 presents the findings on the relationship between arrest classification and positive drug tests findings. There was not substantial variation in the choice of drugs by nature of the arrest. Of those 281 respondents arrested for felony offenses and provided a urine sample, 62 percent tested positive for marijuana, 25 percent for cocaine, 11 percent for opiates, and less than 1 percent for amphetamines. Of the 100 respondents arrested for misdemeanor offenses and

¹⁴ The column numbers represent the number of individuals in the group that tested positive for the indicated drug. Individuals could have tested positive for multiple drugs.

were drug tested, 58 percent tested positive for marijuana, 31 percent for cocaine, 9 percent for opiates, and 2 percent for amphetamines. Of the 50 respondents arrested for traffic violations and provided a urine sample, 60 percent tested positive for marijuana, 27 percent for cocaine, 12 percent for opiates, and 2 percent for amphetamines. Three quarters of respondents arrested for drug offenses and drug tested also tested positive for marijuana, 23 percent for cocaine, and 4 percent for opiates. None of the individuals arrested for drug offenses tested positive for the presence of amphetamine.

Table 27. Drug Test by Arrest Classification (n=521)¹⁵
Detroit Arrestee Study 2003

	Marijuana	Cocaine	Opiates	Amphetamine
Felony	175 (62%)	71 (25%)	32 (11%)	3 (1%)
Misdemeanor	58 (58%)	31 (31%)	9 (9%)	2 (2%)
Traffic	36 (60%)	16 (27%)	7 (12%)	1 (2%)
Drug	52 (73%)	16 (23%)	3 (4%)	0

Treatment Following the Current Arrest

Publicly Funded Substance Abuse Treatment

The results from this study signal the need for substance abuse treatment among the study population. There are several general avenues in which individuals can procure treatment. Individuals can seek to obtain publicly funded treatment in programs funded by MDCH-contracted funds managed by the 16 regional coordinating agencies. If an individual qualifies for Medicaid or Medicare, these funds can be used for treatment. Persons can receive treatment through court-mandated treatment services although courts do not have specific funds in which to pay for treatment. In addition, treatment can also be through self-payment or private health insurance.

In the current study, a small proportion of respondents were found to have obtained publicly (MDCH) funded treatment. A total of 22 individuals (2 percent) received substance abuse treatment that was supported by MDCH-contracted funding (See Table 28). All of the

¹⁵ Arrest information was not available for nine respondents who participated in the urinalysis portion of the research project.

respondents who received substance abuse treatment through this avenue were African American and 75 percent were male.

Respondents that had the most severe probable substance abuse diagnosis were also the most likely to have received treatment (See Table 26). Three-fifths of the respondents that received MDCH-funded treatment had probable concurrent diagnoses of drug and alcohol dependence. One out of five individuals who received public-funded substance abuse treatment was likely to be diagnosed as drug dependent, and an additional 14 percent of treatment participants were dependent on alcohol. In addition, one member of the probable alcohol abuse group received treatment, and one individual that did not report behavior consistent with probable substance dependence or abuse also participated in treatment that was funded through MDCH contracts.

Table 28. Publicly Funded Substance Abuse Treatment by Diagnostic Impression Category
(n=22)
Detroit Arrestee Study 2003

	Number	Percent
No Diagnosis	1	5%
Alcohol Abuse	1	5%
Drug Abuse	0	-
Drug and Alcohol Abuse	0	-
Alcohol Dependence	3	14%
Drug Dependence	4	18%
Drug and Alcohol Dependence	13	59%
Total	22	100

In addition, 31 individuals (3 percent) obtained community mental health treatment during this same period (See Table 29). The group of individuals who received mental health treatment was primarily African American and male. Four-fifths of the group was male and 97 percent was African American. The remaining respondents that participated in state-funded community mental health treatment were white females.

Only a small number of individuals received state subsidized mental health treatment, but there is evidence that these individuals likely had co-occurring substance abuse and mental health disorders. More than one third of individuals who had attained mental health treatment also reported behaviors consistent with probable concurrent drug and alcohol dependence (See Table 27). One third of individuals who had received mental health treatment were likely dependent on drugs, one out of five (19 percent) were probably dependent on alcohol, and less than one out of ten (7 percent) were probably abusive of both drugs and alcohol. Only two individuals who had received mental health treatment did not have a probable drug abuse or dependence diagnosis.

Table 29. Publicly Funded Mental Health Treatment by Diagnostic Impression Category (n=31)
Detroit Arrestee Study 2003

	Number	Percent
No Diagnosis	2	7%
Alcohol Abuse	0	-
Drug Abuse	0	-
Drug and Alcohol Abuse	2	7%
Alcohol Dependence	6	19%
Drug Dependence	10	32%
Drug and Alcohol Dependence	11	36%
Total	31	100%

Treatment Mandated by the Criminal Justice System

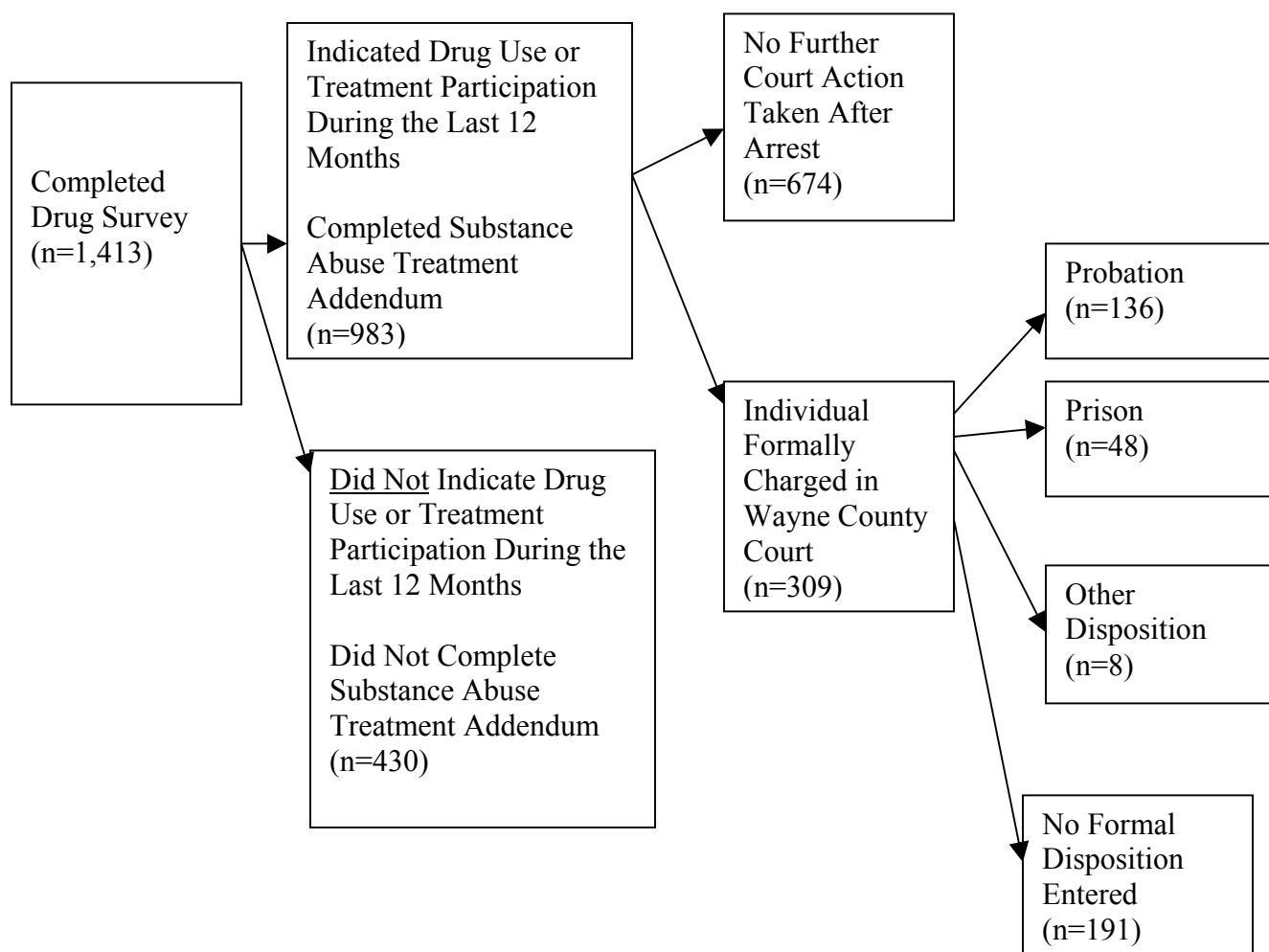
As discussed, court-mandated treatment is also a common avenue in which the arrestees can attain treatment services. In fact, researchers have estimated that the criminal justice system is responsible for nearly half of all referrals to community based treatment programs (J. C. Maxwell, 1996; Weisner, 1987). Not only is mandated criminal justice treatment a common avenue entry into treatment, researchers have also argued that few chronic addicts would enter

treatment voluntarily (Salmon & Salmon, 1983). Legally mandated treatment represents a viable treatment opportunity for the arrestee population.

In order to examine the extent of treatment mandated by the criminal justice system, in this study, each respondents' criminal case was traced as it was processed through the criminal justice system (See Figure 2). Of the 983 participants who completed the substance abuse treatment addendum, 309 (31 percent) were formally charged in the Wayne County as a result of the current arrest. Subsequent to the arrest and formal charge, 135 individuals (44 percent) were sentenced to a term of probation, 48 (16 percent) received a term of prison, and an additional eight (3 percent) were given another disposition including fines. The majority of respondents who were formally charged did not have a formal disposition entered into the official criminal history record¹⁶. It may be that some of these cases were not yet resolved and fully processed through the court system by the time the records were searched.

¹⁶ The case processing statistics presented in Figure 2 are similar to what has been found nationally. On average, of every 100 persons arrested, 35 cases are accepted for prosecution, 9 are placed on probation and 18 are incarcerated (Bureau of Justice Statistics, 2000). In the current study, individuals were less likely to be formally charged and to be sentenced to a term of incarceration. In contrast to the national trend, individuals in the current study were more likely to be sentenced to probation.

Figure 2. Criminal Case Processing Flow Chart
Detroit Arrestee Study 2003



Although court-mandated treatment can be ordered at a number of different criminal justice case processing stages, treatment is most often given as a condition of probation. In the current study, 135 persons were sentenced to a term of probation, and case management and treatment records were obtained for each probationer. The following section outlines the general demographic characteristics, likely substance abuse or dependency diagnoses, and treatment conditions for the probationer sample.

The racial and gender distribution of the probationer sample did not vary substantially from that of the total study group. The majority of individuals placed on probation were African American males.

Individuals who were placed on probation were more likely to report behaviors consistent with probable substance abuse and dependence when compared with the total respondent population. In total, 85 percent of probationers were classified as probably abusive or dependent on alcohol or drugs. In contrast, 64 percent of respondents reported similar behaviors. As displayed in Table 30, the majority of probationers were diagnosed as probably substance dependent with 21 percent of probationers reporting likely dual dependence on drugs and alcohol, 29 percent likely dependence on drugs, and six percent likely dependence on alcohol. The remaining third of probationers were likely to be diagnosed as probable abusers of alcohol or drugs.

Table 30. Diagnostic Impression Classifications of Probationers (n=136)
Detroit Arrestee Study 2003

	Number	Percent
No Diagnosis	21	15
Alcohol Abuse	10	7
Drug Abuse	22	16
Drug and Alcohol Abuse	8	6
Alcohol Dependence	8	6
Drug Dependence	39	29
Drug and Alcohol Dependence	28	21
Total	136	100

The majority (70 percent) of study respondents sentenced to probation also were given treatment conditions that included participation in drug testing, self-help groups, or substance abuse treatment (See Table 31). One out of four probationers (27 percent) were required to participate in mandatory drug testing, one-fifth of probationers received treatment conditions that involved both substance abuse treatment and drug testing. Approximately one out of ten (7 percent) probationers were given conditions that included participation in both drug tests and self-help groups. Nearly ten percent of probationers received conditions that mandated substance abuse treatment, drug testing, and participation in self-help programming. Another five percent of the sample was ordered to complete substance abuse treatment only.

Table 31. Probation Conditions
Detroit Arrestee Study 2003

	Number	Percent
No Treatment Conditions Assigned	41	30
Drug Test Only	36	27
Substance Abuse Treatment and Drug Tests	30	22
Substance Abuse Treatment and Self-help and Drug Tests	12	9
Drug Test and Self-help Treatment	10	7
Substance Abuse Treatment	7	5
Total	136	100

Although only two thirds (64 percent) of probationers in the sample were mandated to drug testing as a condition of probation, documents maintained by the Michigan Department of Corrections indicate that each probationer was tested for drugs at least one time during their term of probation. Two-thirds of the probation sample (61 percent) tested positive for drugs at one or more testing periods. Of those that tested positive, over two-thirds (77 percent) of probationers did so as a result of the use of marijuana. An additional 15 percent tested positive for the use of cocaine, crack or heroin and the remainder tested positive for the use of multiple drugs.

Recidivism

As noted previously, drug abuse and use has been linked to involvement in criminal behavior. In light of the association, the researchers examined the recidivism of participants following the current arrest. Recidivism data were obtained from the City of Detroit and represent arrests subsequent to the current arrest up until June 2003¹⁷. Time at risk of re-arrest for the study period ranged from seven to 18 months.

A number of individuals were arrested subsequent to the current arrest. In total, one sixth (16 percent) of the sample completing the substance abuse treatment addendum was arrested in the City of Detroit subsequent to the study arrest (See Table 32)¹⁸. A number of individuals were also arrested on multiple occasions. Three-fifths of individuals who had a subsequent arrest were arrested more than one time.

A number of offenders were arrested for drug-related offenses in their subsequent arrest. Of the individuals who were subsequently arrested, 25 (16 percent) were arrested for a narcotics-related offense. In comparison to the total sample, probationers were more likely to be arrested subsequent to the study arrest. More than one out of five (22 percent) probationers were rearrested for a subsequent offense, and five percent of this group had a subsequent arrest for a drug-related offense.

¹⁷ Arrest data was only obtained for study participants who completed the substance abuse treatment addendum. Individuals who did not complete the addendum were not asked to provide identifying information (e.g., age, social security number, and gender); hence, these individuals could not be linked to arrestee databases.

¹⁸ Because the data collection period for the current study spanned a number of months, arrestees had different times as risk in which to be rearrested. Time at risk for the study period ranged from seven to 18 months.

Table 32. Number of Arrests Subsequent to Study Arrest
Detroit Arrestee Study 2003

	Number	Percent
No Subsequent Arrests	816	84
1	63	7
2	43	4
3	23	2
4	21	2
5	3	1
6	2	1
7	2	1
8	1	1
11	1	1
Not Reported	8	
Total	983	100

Individuals who had a subsequent arrest were also more likely to be given a probable diagnosis of substance dependence when compared with the total study group. In total, 85 percent of individuals who had an arrest in Wayne County subsequent to the current offense also were likely to be abusive or dependent on drugs or alcohol (See Table 33). The majority of individuals with a subsequent arrest were likely dependent on alcohol or drugs with one quarter reporting behaviors consistent with a diagnosis of dual dependence on alcohol and drugs. In addition, one out of four were probably dependent on drugs and an additional nine percent were probably dependent on alcohol. One third of individuals with later arrests were also found to have substance abuse problems with 16 percent of the sample with probable drug abuse, four percent diagnosed with probable alcohol abuse, and five percent with probable dual alcohol and drug abuse problems.

Table 33. Subsequent Arrest by Diagnostic Impression Category
Detroit Arrestee Study 2003

	Number	Percent
No Diagnosis	25	16%
Alcohol Abuse	7	4%
Drug Abuse	25	16%
Drug and Alcohol Abuse	8	5%
Alcohol Dependence	14	9%
Drug Dependence	41	26%
Drug and Alcohol Dependence	39	25%
Total	159	100

Summary

Consistent with current research, the results from this study indicate that there is a substantial need for substance abuse treatment among the arrestee population surveyed in the current study. Over three quarters of respondents reported using drugs during their lifetime. In addition, two thirds (66 percent) of respondents reported drug use behaviors in a pattern that qualified them for a probable diagnosis of abuse or dependency. Nearly half of the sample (48 percent) reported behaviors consistent with a dependence diagnosis. The majority of arrestees reported substance use behaviors severe enough as to dramatically affect their quality of life.

Past research has shown that it is not uncommon to find that self-reported drug use is lower than that identified by drug testing. Table 34 shows that among respondents in this study, there are relatively similar findings for marijuana, with more than half (53 percent) of the 1,413 respondents to the drug use survey part of the interview reporting such recent use, while drug testing results from the 721 respondents who provided a urine sample shows that 57 percent were found to have recently used marijuana. For cocaine, positive drug tests were found in 23 percent of tested respondents, while 16 percent of the larger interviewed group reported cocaine use in the past 30 days before their current arrest. Recent heroin use was reported by relatively small proportions of the interviewed group (4 percent in the past 30 days) and the drug tested subset (7 percent were found opiate positive). Drug testing methods used in the study could not determine if the opiate that was found to trigger a positive test was heroin or some other opiate compound, such as codeine or other prescription compounds. The overall results suggest that there is not a large gap between self-reported drug use and verifiable drug use as determined by drug testing, among this study population. The results from this study are consistent with current research compiled on national trends in arrestee drug use (National Institute of Justice, 2003a, 2003b) and comport with research conducted on drug use trends in the State of Michigan (Bynum et al., 1996; Calkins, 2003).

Table 34. Self-reported Drug Use and Urinalysis Drug Testing Results
Detroit Arrestee Study

Drug	Use Past 12 months	Use past 30 days	Positive Drug Test
Marijuana	59%	53%	57%
Cocaine (includes crack)	17%	16%	23%
Heroin (Opiates)	5%	4%	7%

Members of the sample found to be probably dependent on drugs were also more likely to have extensive criminal involvement. Individuals who were likely dependent on drugs reported spending twice the number of days in jail when compared to the total sample. Nearly 90 percent of the probable dependent group also reported being arrested and serving time prior to the current arrest. Individuals likely to be diagnosed as dependent on drugs were more likely to have an arrest subsequent to the current arrest. One quarter of respondents with a probable drug or dual dependency to alcohol and drugs had a subsequent arrest. In contrast, 16 percent of the total sample had a subsequent arrest. Members of this probable dual dependency group were also more likely to have tested positive for drugs at the time of the arrest. In total, 94 percent of the dual alcohol and drug dependency group and 93 percent of individuals likely to be diagnosed as drug dependent tested positive for one or more drugs at the time of the arrest. In contrast, 70 percent of the total sample tested positive for drugs at the time of the arrest.

Very few arrestees had participated in treatment prior to their current arrest; however, there is evidence that those most in need were the most likely to have received prior treatment. For example, less than one in five members of the sample report ever participating in an inpatient or outpatient substance abuse treatment program and less than five percent of these people indicated that they received substance abuse treatment services in the year previous to their arrest. In contrast, approximately 40 percent of individuals with a probable dual dependence on alcohol and drugs reported ever participating in inpatient substance abuse treatment. Individuals in the probable dual dependence group were also three times as likely to have reported prior participation in inpatient substance abuse treatment and they were two times as likely to have indicated outpatient treatment participation during the 12 months prior to their current arrest.

Arrestees also did not perceive an immediate need for substance abuse treatment. Less than one third (30 percent) felt they were in need of substance abuse treatment. Of respondents who indicated a need for treatment, 38 percent sought out treatment as a result of their perceived

need. Of respondents who did not seek out treatment, over half indicated they didn't obtain treatment because they either didn't think the treatment would help or they didn't want to stop. An additional quarter of respondents said they were too busy. The remaining respondents indicated that ignorance of treatment opportunities precluded them from participating in treatment.

Very few respondents received publicly funded treatment substance abuse subsequent to their arrest. In fact, just over two percent of the treatment addendum respondents participated in a substance abuse treatment program funded by MDCH subsequent to the current arrest. The results from this research suggest that there is a considerable need for substance abuse treatment among the arrestees; however, only a small minority of this population recognize their need and even fewer seek out such treatment. However, three percent of respondents completing the substance abuse treatment addendum were found to have received community mental health services subsequent to the current arrest. While the types of services this group received was not identified, there is extensive current research showing that there are relatively large proportions of individuals with co-morbid or dual simultaneous diagnoses involving both substance abuse or dependence along with a mental health diagnosis (Center for Substance Abuse Treatment, 2003a, 2003b). Detroit/Wayne County Community Mental Health operates special programs specifically for this population.

Individuals in the sample were more likely to have received treatment mandated at probation by the criminal justice system; however, there is still a substantial unmet need for treatment among this population. In total, 135 members of the treatment addendum respondents were placed on probation. Approximately two fifths (38 percent) of probationers in the current study were ordered to participate in drug treatment as a condition of probation. An additional one quarter (27 percent) were required to undergo drug testing as a condition of probation, and five percent were ordered to attend self-help meetings.

Provision of treatment services to members of the probationer group is especially important in light of the treatment needs of this group. Over 80 percent of probationers were classified as probably abusive or dependent on alcohol or drugs; whereas, 64 percent of the total sample reported similar behaviors. It appears from the current study that the court system is responding in some manner to the problem of substance abuse and dependence among the probationer population and is mandating substance abuse treatment. The nature of treatment

ordered and the intensity of programming obtained is unknown, but based on the statistics reviewed, it is evident that individuals on probation are more likely to be expected to obtain some form of treatment when compared to the remainder of the arrestee population ¹⁹. At the same time, it is important to note that only 43 percent of the probationer sample in this study was ordered to participate in active treatment as a condition of probation, while the majority of the remainder of the probationer sample was left with an unmet need.

Table 35 presents combined findings gleaned from earlier tables in this report that provide insight into how diagnostic impressions relate to expressed treatment need, whether steps were made to seek such treatment, and to verifiable treatment involvement in substance abuse and community mental health treatment. Very small proportions of those saying they needed treatment were found to have actually received it in the MDCH-funded networks.

Table 35. Treatment Need, Steps to Obtain and Substance Abuse and Community Mental Health Treatment after the current arrest, by Diagnostic Impression
Detroit Arrestee Study

Diagnostic Impression	Number saying they needed treatment	Number that said they needed treatment and saying they took steps to seek it	Number admitted to substance abuse treatment, as found in data base	Number served by community mental health, as found in data base
No Likely Diagnosis	12	4	1	2
Alcohol Abuse	3	1	1	0
Drug Abuse	11	1	0	0
Alcohol and Drug Abuse	8	2	0	2
Alcohol Dependence	16	4	3	6
Drug Dependence	115	45	4	10
Alcohol and Drug Dependence	115	55	13	11
Total cases	280	112	22	31

The findings from the current research have important implications for criminal justice policy. As presented previously, court-mandated treatment represents a viable manner in which

¹⁹ Data on participation in drug treatment while incarcerated were not available.

to provide treatment to the arrestee population. Not only are individuals more likely to participate in treatment when it is a condition of a criminal sanction, recent research has also revealed that coerced treatment can be more effective than other forms of treatment. In fact, individuals who are referred into treatment after sentencing are significantly less likely to drop out of a program when compared with those that were referred pre-conviction or for very minor offenses (Hiller, Knight, Broome & Simpson, 1998; S. R. Maxwell, 2000; Young & Belenko, 2002). Research is unclear as to what aspect of coerced treatment is most effective in enticing offenders to complete treatment; however, researchers have suggested that legal pressure can be viewed either as a precursor to internalized desire or a catalyst with minimal internalized desire to change (De Leon, 1988; Wild, Newton-Taylor & Alletto, 1998). Overall, there is substantial evidence that individuals who undergo treatment mandated by the criminal justice system do as well or better than voluntary clients. Despite the promising research on coerced treatment, it is evident from the research results found in this study that the majority of arrestees that were in need of treatment did not receive such treatment as a result of this need.

The research findings also have important implications for publicly funded mental health and substance abuse treatment. A relatively high proportion of the respondents in this research reported having Medicaid coverage (18 percent), and Michigan has a special federal waiver program now in place to insure that Medicaid recipients can receive both mental health and substance abuse treatment in the MDCH-funded services networks. It would appear that further efforts to link this arrestee population with Medicaid-funded treatment should be made, so that the treatment needs of this population can be adequately met (Center for Substance Abuse Treatment, 2003a, 2003b).

Appendix A. 2000 Census Data - City of Detroit, by Precinct

	6th Precinct	9th Precinct	12th Precinct	City
Total Population	103,996	91,441	89,687	951,270
Percent Male	46.97	46.89	45.27	47.12
Percent White	20.75	8.38	3.25	12.37
Percent African American	73.58	86.95	94.60	81.38
Percent Native American	0.30	0.26	0.23	0.34
Percent Asian	0.93	2.40	0.52	1.00
Percent Other	1.25	0.18	0.25	2.61
Percent Biracial	3.18	1.82	1.14	2.29
Percent Non-citizens of the U.S.	4.87	2.57	1.65	4.79
Percent 17 or under	33.06	39.48	26.74	31.07
Percent Bachelors Degree or Higher (25 or older)	10.85	5.93	18.65	10.96
Percent Unemployed (16 and older in the labor force)	11.22	16.64	10.65	13.84
Percent Households Receiving Public Assistance	9.75	14.69	7.23	11.37
Percent Household Density (more than 1.51 residents/room)	3.31	4.45	1.38	2.98
Percent Female Headed Families	43.48	50.77	43.42	47.49
Percent Families Below Poverty	18.82	25.56	13.33	21.74
Percent Families with Children Split (one biological parent absent)	33.99	39.68	24.78	32.83
Percent Vacant Units	6.62	9.21	6.58	10.31
Percent Renter Occupied Units	33.71	35.30	30.93	40.46

References

- Anglin, M. D. & Hser, Y.-I. (1990). Treatment of Drug Abuse. In M. Tonry & J. Q. Wilson (Eds.), *Drugs and Crime*. Chicago: University of Chicago Press.
- APA. (1994). *Diagnostic and Statistical Manual of Mental Disorders: DSM-IV*. Washington, D.C.: American Psychiatric Association.
- Belenko, S., Peugh, J. & Califano, J. A. (1998). Substance Abuse and the Prison Population: A three-year study by Columbia University reveals widespread substance abuse among the offender population. *Corrections Today*, 60(6), 82-89.
- Bureau of Justice Statistics. (1993). *Survey of State Prison Inmates, 1991*. Washington, D.C.: U.S. Department of Justice.
- Bureau of Justice Statistics. (2000). *Sourcebook of Criminal Justice Statistics*. Washington, D.C.: U.S. Department of Justice.
- Bureau of Justice Statistics. (2002). *Drugs and Crime Facts: Drug Use and Crime*
- Bynum, T. S., Bumphus, V. & O'Connell, T. A. (1996). *Substance Abuse and Need for Treatment Among Arrestees in Michigan*. Lansing, Michigan: Michigan Department of Community Health - Substance Abuse Services.
- Calkins, R. F. (2003). *Drug Abuse Trend Report: Detroit/Wayne County Michigan*. Lansing, MI: Michigan Department of Community Health, Office of Drug Control Policy.
- Center for Substance Abuse Treatment. (2003a). *A Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders Mental Disorders*. Washington, D.C.: Substance Abuse and Mental Health Services Administration.
- Center for Substance Abuse Treatment. (2003b). *Substance Abuse Treatment for People with Co-Occurring Disorders*. Washington, D.C.: Substance Abuse and Mental Health Services Administration.
- De Leon, G. (1988). Legal Pressure in Therapeutic Communities. *Journal of Drug Issues*, 4, 625-640.
- De Li, S., Priu, H. & MacKenzie, D. L. (2000). Drug Involvement, Lifestyles, and Criminal Activities Among Probationers. *Journal of Drug Issues*, 30, 593-619.
- Hiller, M., Knight, K., Broome, K. M. & Simpson, D. D. (1998). Legal Pressure and Treatment Retention in a National Sample of Long-Term Residential Programs. *Criminal Justice and Behavior*, 25(4), 463-481.

- Hubbard, R. L., Craddock, S. G., Flynn, P. M., Anderson, J. & Etheridge, R. M. (1997). Overview of 1-Year Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11, 261-278.
- Hunt, D. & Rhodes, W. (2001). *Arrestee Drug Abuse Monitoring (ADAM) Program: Methodology Guide For ADAM*. Washington, D.C.: National Institute of Justice.
- Kouri, E., Harrison, G., Powell, K., Olivia, P. & Campbell, C. (1997). Drug Use History and Criminal Behavior Among 123 Incarcerated Men. *American Journal of Drug and Alcohol Abuse*, 23, 413-419.
- Laub, J., Nagin, D. S. & Sampson, R. (1998). Trajectories of Change in Criminal Offending: Good Marriages and the Desistance Process. *American Sociological Review*, 63, 225-238.
- Leshner, A. I. (1997). Introduction to the Special Issue: The National Institute on Drug Abuse's (NIDA's) Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11(4), 211-215.
- Maxwell, J. C. (1996). *Substance Abuse Trends in Texas, December 1995*. Austin, Texas: Texas Commission on Drug and Alcohol Abuse.
- Maxwell, S. R. (2000). Sanction Threats in Court-Ordered Programs: Examining Their Effects on Offenders Mandated into Drug Treatment. *Crime and Delinquency*, 46(4), 542-563.
- National Institute of Justice. (2003a). *2000 Arrestee Drug Abuse Monitoring: Annual Report*. Washington, D.C.: U.S. Department of Justice.
- National Institute of Justice. (2003b). *Preliminary Data on Drug Use & Related Matters among Adult Arrestees and Juvenile Detainees, 2002*. Washington, D.C.: U.S. Department of Justice.
- Office of National Drug Control Policy. (2001). *Drug Treatment in the Criminal Justice System*. Washington, D.C.: Office of National Drug Control Policy.
- Salmon, R. W. & Salmon, R. J. (1983). The Role of Coercion in Rehabilitation of Drug Abusers. *The International Journal of the Addictions*, 18(1), 9-21.
- Simpson, D. D., Joe, G. W. & Brown, B. S. (1997). Treatment Retention and Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study (DATOS). *Psychology of Addictive Behaviors*, 11, 294-307.
- Simpson, D. D. & Sells, S. B. (1982a). Effectiveness of Treatment for Drug Abuse: An Overview of the DARP Research Program. *Advances in Alcohol and Substance Abuse*, 21(1), 7-29.

- Simpson, D. D. & Sells, S. B. (1982b). *Evaluation of Drug Abuse Treatment Effectiveness: Summary of the DARP Follow-Up Research: NIDA Treatment Research Report*. Washington D.C.: U.S. Government Printing Office.
- Torres, S., Elbert, M., Baer, J. D. & Booher, J. (1999). *Drug-Involved Adult Offenders: Community Supervision Strategies and Considerations*. Lexington, KY: American Probation and Parole Association.
- United States Department of Justice. (2001). *ADAM Preliminary 2000 Findings on Drug Use and Drug Markets - Adult Male Arrestees*. Washington, D.C.: National Institute of Justice.
- Weisner, C. M. (1987). The Social Ecology of Alcohol Treatment in the United States. *Recent Developments in Alcoholism*, 5, 203-243.
- Wild, T. C., Newton-Taylor, B. & Alletto, R. (1998). Perceived Coercion Among Clients Entering Substance Abuse Treatment: Structural and Psychological Determinants. *Addictive Behaviors*, 23, 81-95.
- Young, D. & Belenko, S. (2002). Program Retention and Perceived Coercion in Three Models of Mandatory Drug Treatment. *Journal of Drug Issues*, 22(2), 297-328.